



***2018-2019 PUBLIC HEALTH  
EMERGENCY PREPAREDNESS (PHEP)  
WORK PLAN GUIDANCE DOCUMENT  
2017-2022 HPP- PHEP COOPERATIVE AGREEMENT, BUDGET PERIOD 1  
SUPPLEMENTAL***

VERSION- DRAFT 2.2.3

July 10, 2018

PREPAREDNESS PROGRAM, BUREAU OF COMMUNITY HEALTH SYSTEMS, KDHE  
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*Preparedness Program, Bureau of Community Health Systems  
Kansas Department of Health and Environment  
2017-2018*

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## 1. *Executive Summary*

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 1 Supplemental (BP1 SUPP) for the period of 2018-2019. Under the administrative authority of the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary of Preparedness and Readiness (ASPR), this budget period is considered as a supplemental to Budget Period 1 (BP1) and includes additional requirements originally scheduled for Budget Period 2 (B2) to be completed. Information provided to the KDHE Preparedness Program indicates that this will be the final year of a combined cooperative agreement with future budget periods being separate but will continue to be aligned. The PHEP will continue to focus on the continued development of community partnerships as part of BP1 SUPP and following years. As the cooperative agreement awardee, KDHE will continue to make diligent efforts to help assure that work plan items for local public health departments are within the cooperative agreement requirements, aligned with local public health department activities, and emergency management practices.

### 1.1 *General Sub-Awardee Information*

The following information is provided to all preparedness program participants. Please reference this information as needed:

The following information is provided to all preparedness program participants. Please reference this information as needed:

1. When submitting any documentation, ensure that the agency name and a point of contact are included within the body of the email so that proper credit is awarded. If submitting information for more than one agency, provide the information noted above for each entity.
2. Deadlines are set as outlined in the work plans and will not be extended. The established dates allow the maximum time needed to complete the activity by the sub-awardee and allow KDHE Preparedness to review and request revisions if needed.
3. Work plan items completed prior to the designated deadlines may be submitted to the [KDHE.preparedness@ks.gov](mailto:KDHE.preparedness@ks.gov) email address. In the email header, please note the work plan item number and task being submitted. All submitted documents must be dated.
4. The following statement must appear on *ALL* publications created that are related to this cooperative agreement. This applies to all documents, educational materials, deliverables, and related supporting information:

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## 1.2 Sub-Awardee Submission Requirements

Affidavits of Expenditures (AOEs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2018 – September 30, 2018) – due October 15, 2018
- **Quarter 2** (October 1, 2018 – December 31, 2018) – due January 15, 2019
- **Quarter 3** (January 1, 2019 – March 31, 2019) – due April 15, 2019
- **Quarter 4** (April 1, 2019 – June 30, 2019) – due July 15, 2019

Sub-awardees will be required to submit their AOE's using the *KDHE Affidavit Form*. Preparedness Program staff will review affidavits to ensure allowable items are being purchased. KDHE Fiscal Management will review for error/accuracy and verify that funding is being used as allocated. Payments will only be made after the Preparedness Program approves payment, which will not occur until the quarterly work plan progress report has been submitted to KDHE. Payments will be made by either electronic deposit or a paper check will be sent via mail. If funding has been exhausted before the fourth reporting quarter, sub-awardees must still submit affidavits of expenditure each reporting period even if the fields are zero.

## 1.3 Budgetary Information

All changes to the approved budget must be approved by KDHE Preparedness before the expenditure is made. To approve a change, KDHE Preparedness will need the following information:

- The amount of the expenditure and what percentage of change was made to the total budget.
- The justification for the expenditure (must be tied to a capability or work plan activity).
- Projected date of the expenditure (trainings and equipment).

Budgetary changes 25% or **greater** or the addition of any new activity to a sub-awardee budget will require the submission of a revised budget. This requirement includes trainings, equipment purchasing, and activities associated with the contracted work plan.

Example 1 would be a case where the sub-awardee would need to submit a revised budget because the activity was not in the original budget:

- **Example 1-** The current submitted budget did not include any contracted services. The sub-awardee is now requesting approval to employ a contractor to assist with un-foreseen services.

Example 2 would be a case where the sub-awardee would not need to submit a revised budget because it is for an existing budget activity:

- **Example 2-** The budget included training for three staff members to attend at one location. Changes in the training now have it being conducted at another location and the sub-awardee has indicated there will four not three attending.

If the accumulative change to the budget remains under 25%, a budget revision will not be required. KDHE Preparedness will provide a template for the sub-awardee to use when a complete revision is not necessary.

All work plan progress reports and all reporting deliverables are to be submitted via email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).

PHEP Documents can be found [http://www.kdheks.gov/cphp/lhd\\_resources.htm](http://www.kdheks.gov/cphp/lhd_resources.htm)

### 1.4 Sub-Awardee Meals, Travel, and Lodging Information

Preparedness funds may be utilized to support travel for sub-awardee work plan related activities. To assure consistency, KDHE will provide reimbursement for hotels and per diem for overnight travel consistent with applicable GSA rates for the destination. Maximum lodging and per diem rates (Meals and Incidental Expenses) can be located at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. For all travel, departure and arrival times will be required for per diem calculation. All travel **must be associated** with a work plan activity approved by KDHE Preparedness Program prior to the travel dates.

For single day meal allowance must meet the following criteria:

- The travel is supported by an associated work plan activity and the individual's work day is extended for three hours or more beyond the normal work day.
- The destination of travel must be 30 or more miles away from the individual's work station.
- KDHE Preparedness Program must provide prior approval to the individual including individual's work station, destination, and estimation of work day length.

<i>Reimbursement % of daily per diem</i>		
Breakfast	12:00 am to 11:00 am	15%
Lunch	11:01 am to 4:00 pm	35%
Dinner	4:01 pm to 11:59 pm	50%

Table 1

Hotel rates and travel rates can also be referenced at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. In all cases, hotel pricing should be completed using this GSA resource first. If the hotel is not available at the GSA rate due to being unavailable, the maximum lodging allowed for the traveler is reimbursed for single occupancy only and must be pre-approved by KDHE Preparedness. If pre-approval is not obtained, then reimbursement will be at the GSA rate. No allowance for any tips is included within this rate. Taxes associated with lodging shall be reimbursed in addition to the established lodging expense limitation:

<i>Standard Lodging Rates after GSA</i>	
Standard Daily Lodging Rate	\$91.00
Conference Lodging qualified under <i>K.A.R. 1-16-18a*</i>	Actual

\*Actual conference lodging may be paid without limit if approved by KDHE in advance of the need.

Table 2

### 1.5 Training Guidance

To ensure that training is being conducted in a manner that supports the activities of the contracted work plan and be tied back to a capability, all trainings that are conducted by the sub-awardees must utilize *Kansas' Online Learning Management System, Kansas Trainingfinder Realtime Integrated Network* (KS-Train). This is the primary registration platform for all trainings and exercises financed with preparedness funds provided pursuant to this agreement.

### 1.5.1 Course Reporting Process

The course reporting requirements identified below will need to be provided to KDHE Preparedness no later than **5 business days** after the training is completed. Note: this information will be used to supplement the information that is required by KS-Train and will be used to help develop other trainings during future work periods. This enhanced level of reporting is also needed to satisfy KDHE Preparedness's reporting requirements to the federal stakeholders.

The following information will be provided to KDHE Preparedness:

1. Attendee sign-in sheets
2. Finalized expenditure report (course specific)

### 1.6 Compliance Statement

Under KDHE Preparedness Program's monitoring program, the *Preparedness Cooperative Agreement Compliance Program, Compliance in Real Time* (PCACP-CRT), the identified work plan outputs and outcomes found in this guidance document will be provided to KDHE Preparedness either by their established due dates or as part of the contract mandated quarterly reporting requirement. KDHE Preparedness Compliance will review all submitted work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. The Compliance Coordinator will notify sub-awardees of any findings that were discovered during these reviews, outlining the nature of the finding, explaining what action is needed to correct the finding, and the date the action needs to be completed and then validated by KDHE Preparedness Compliance.

Under this same mandate, KDHE Preparedness can ask for supplemental information or outcomes, either to satisfy requests for enhanced reporting requests from the state's federal partners or to provide further confirmation by the sub-awardee of the completion of a work plan activity. The sub-awardees are responsible for providing all outcomes to KDHE Preparedness, on-time and complete, to receive proper credit for activity completion.

### 1.7 HCC Contact Information

The following is a listing of the Healthcare Coalition (HCC) Coordinators who presently represent the seven HCCs within the state. Their point of contact information is also provided:

Kansas City Metro Healthcare Coalition	Steve Hoeger	<a href="mailto:ksmetrohcc@gmail.com">ksmetrohcc@gmail.com</a>
North Central Healthcare Coalition	(PENDING)	(PENDING)
Northeast Healthcare Coalition	Danielle Marten	<a href="mailto:nekshcc@outlook.com">nekshcc@outlook.com</a>
Northwest Healthcare Coalition	(PENDING)	(PENDING)
South Central Healthcare Coalition	(PENDING)	(PENDING)
Southeast Healthcare Coalition	Fred Rinne	<a href="mailto:SEKHCC@twinmounds.com">SEKHCC@twinmounds.com</a>
Southwest Healthcare Coalition	Karen Luckett	<a href="mailto:karenluckett@centura.org">karenluckett@centura.org</a>

Table 3

### 1.8 Regional PHEP Contact Information

The following is a listing of the Regional PHEP Coordinators who presently represent the fifteen public health regions within the state. Their point of contact information is also provided:

Central Kansas Region	Jason Tiller	<a href="mailto:jason.tiller@sschd.org">jason.tiller@sschd.org</a>
East Central Kansas Public Health Coalition	Carl Lee	<a href="mailto:clee@coffeyvilleks.org">clee@coffeyvilleks.org</a>
Kansas City Area Coalition 15	Stephen Maheux, MPH	<a href="mailto:stephen.maheux@joco.org">stephen.maheux@joco.org</a>
Kansas South-Central Metro	Thomas Langer	<a href="mailto:langert@cowleycounty.org">langert@cowleycounty.org</a>
Lower 8 of Southeast Kansas	Lee Miller	<a href="mailto:lthkamiller@gmail.com">lthkamiller@gmail.com</a>
North Central Kansas Public Health Initiative	Sherry Angell	<a href="mailto:angell.sherry@gmail.com">angell.sherry@gmail.com</a>
North West Bioterrorism Region	Michelle Billips (Interim)	<a href="mailto:mbillips@grahamcountyhealth.com">mbillips@grahamcountyhealth.com</a>
Northeast Corner Regional Initiative	Quinton Unruh	<a href="mailto:quinton.unruh@sncu.us">quinton.unruh@sncu.us</a>
South Central Coalition	Virginia Downing	<a href="mailto:coats1960@gmail.com">coats1960@gmail.com</a>
Southeast Kansas Multi-county (SEKMC)	Susan Belt	<a href="mailto:susanannbelt@gmail.com">susanannbelt@gmail.com</a>
Southwest Kansas Health Initiative	Richard Everett	<a href="mailto:richard@swkhi.org">richard@swkhi.org</a>
Southwest Surveillance	Virginia Downing	<a href="mailto:coats1960@gmail.com">coats1960@gmail.com</a>
West Central Public Health Initiative	Cindy Mullen	<a href="mailto:cmullen@wcphi.onmicrosoft.com">cmullen@wcphi.onmicrosoft.com</a>
Western Pyramid Public Health Region	Richard Everett	<a href="mailto:richard@swkhi.org">richard@swkhi.org</a>
Wildcat Region	Andrew Adams (Interim)	<a href="mailto:aadams@rileycountyks.gov">aadams@rileycountyks.gov</a>

Table 4

## 1.9 Budget Period Insights

At this time, it is not known what changes the CDC-ASPR plan on making beyond what is already known from this budget period's supplemental documentation. It is known that this supplemental budget period represents the final year of a combined cooperative agreement project period. What is not fully known is whether the current project period will continue with major changes applied to the programs or if a new project period will be started. As always, KDHE Preparedness will continue to provide information regarding any changes made at the federal level to the program's sub-awardees and various other external stakeholders.

### 1.9.1. Carry-over Activities

At this time, Budget Period 1 Supplemental will not contain any carry over activities from Budget Period 1. There are numerous activities that have been identified as being annual review activities.

### 1.9.2 Benchmark Activities



At this time, Budget Period 1 Supplemental will include the following benchmark activities that are tied to the capabilities identified by the FOA and listed in the work plan:

1. **Item 4-** A minimum of one Local Health Department staff member will take the FEMA online PIO Training on KS-Train and provide proof of training.
2. **Item 5-** A minimum of one Local Health Department staff member will participate in a KDHE webinar offering detailing proper use of social media in time of emergency.
3. **Item 6-** Participate in at least one annual exercise at the local or regional level.
4. **Item 8D-** Assure designated staff completes ICS 100, 200, 300, 400, 700 and 800b (or 800) classes per ICS training requirements.
5. **Item 8L-** Items purchased with Preparedness funds (non-office supplies) must be entered into CRMCS and must include the location of the items and who the responsible contact person is for deployment.

## 2. *PHEP Work Plan Guidance*

The work plan for this budget period contains familiar and new activities to complete. In general, this year is considered a continuation to budget period 1 (2017-2018) due to changes that are going to be purposed for what will be considered budget period 3 (BP 1701-03). The source materials will be the *2017-2022 HPP – PHEP Cooperative Agreement Grant document*, the *2017-2022 PHEP Performance Measure Specifications and Implementation Guidance*, and the various supporting documents that were provided as guidelines for the execution of the contracted activities. (Please refer to the Reference appendix for details)

### 2.1 *Work Plan Overview*

The following is an activity-by-activity breakdown of the PHEP work plan for the 2018-2019 budget period. The programmatic task descriptions and notes seen within each block denote how the information appears within the work plan. The provided information regarding how to accomplish the work plan activity, additional supporting information about the activity, or additional reporting requirements for each work plan item will be addressed below each activity block. **Bolded information** or information that appears in **red** will denote critical information that either needs to be further validated with supporting documents, provide attendance confirmation, or identifies a deadline that needs to be met in order to receive the proper credit for the activity's completion. Finally, the compliance requirements will provide the public health department with the specific information that will be required for reporting validation of the work plan activity.

The work plan activities are as follows:

**Item 1***Description of Task:*

A local health department representative will **attend in person, via conference call, or webinar healthcare coalition meetings** at least quarterly. Designees are permitted provided they are a staff member of a local public health department. In the event a Designee\* is assigned, the Designee\* is required to attend the HCC Meeting in person. Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinators.

*Notes:*

1. As a core member of the HCC, health department representative will participate in outlined HCC work plan activities.
2. Register for the Meeting on KS-Train

Source: *Capability 1: Community Preparedness; FOA pg. 23*

*\*If a designee is assigned, a proxy letter needs to be submitted to [kdhe.preparedness@ks.gov](mailto:kdhe.preparedness@ks.gov) prior to the first scheduled healthcare coalition meeting.*

This work plan item has not changed to much for this budget period. The local health departments need to attend because they are one of the core members of the coalition. It is important to remember the difference between a *designee* and a *proxy*. A *designee* is a staff member who has been identified by the health department administrator as the individual who can be present for the HCC meetings but cannot vote for the health department. Should the administrator decide to limit the identified staff member to just a presence, the letter must state that the identified person is a designee only. In order for the designee to have voting rights for the health department, the letter to KDHE Preparedness must state that the identified person is the *proxy* for the department. The letter, in both cases, needs to be signed by the administrator or director of the health department. The proxy letter will also require the signature of the assigned proxy in order to be valid. Electronic or digital signatures will not be accepted, only physical signatures. As stated within the activity, the designee/proxy letter need to submitted to KDHE Preparedness prior to attending the first HCC meeting.

The representative of the department will retain copies of the HCC meeting sign-in sheets in order to validate attendance at the meeting. Given the increased emphasis on collaboration and cooperation across the HCCs' member organizations, these sheets will help validate other activities that the health department representative had input on during the meetings.

*Compliance Requirements:*

1. The local public health department will need to provide copies of the meeting sign-in sheets with the quarterly work plan updates as validation that the meetings were attended.
2. The public health department will need to provide a designee/proxy letter to KDHE Preparedness prior to attending the first HCC meeting. The letter needs to be physically signed by the administrator or director if it identifies a designee or proxy, only the proxy signs the proxy letter. All signatures must be physical signatures.
3. The public health department will need to update the work plan with the name of the attendee and the date the meeting was attended.

4. The public health department is required to maintain the meeting sign-in sheets, either physically or electronically, for a period no less than five (5) years. (*work Plan Item 8J*)

### **Item 2**

#### *Description of Task:*

A representative for each local health department will participate in quarterly preparedness regional public health department meetings **in person, via conference call or webinar**.

*Notes:* 1. Register for the Meeting on KS-Train.

*Source:* *Capability 1: Community Preparedness; FOA pg. 23*

Work plan item 2 continues along the same vein as item 1. The item states, the meetings can be in person, via a call, or via a webinar. The requirements have not changed either. The public health department will need to provide confirmation of meeting attendance so the meeting sign-in sheets will complete this activity quarterly. It should be noted that designees and proxies will not be asked for in regards to this activity. If another staff members needs to attend in the place of the regular representative, the reported information on the work plan will reflect that.

#### *Compliance Requirements:*

1. The public health department will need to provide KDHE Preparedness with the KS-TRAIN event number for registration confirmation.
2. The work plan item will need to be updated with the name of the attendee and the date attended.
3. The public health department will need to provide, with the quarter work plan update, a copy of the meeting sign-in sheet. It is permissible for the regional coordinator to provide this copy as confirmation of the attendance of all of the active regional organizations.

### **Item 3**

#### *Description of Task:*

A local health department representative will participate in a local ESF 8 or LEPC planning meetings at **least once per year** to work with health and medical partners in order to strengthen community preparedness and response activities to include Community Preparedness, Community Recovery, and Emergency Operations Coordination.

*Notes:* 1. Will provide a copy of the sign-in list for the meetings attended.

*Source:* *Capability 1: Community Preparedness; FOA pg. 23*

This work plan item looks at the health department's interaction with the local ESF-8 and LEPC partners. The item is the first of several within the work plan, across the FOA in general, that requires the collaboration and the development of work plan activities that will serve to expand and enhance preparedness. While only one meeting per year is required, KDHE Preparedness encourages the public health departments to attend as many of these local planning meetings. It will serve to bring public health's place into the county's planning discussions and it will facilitate better visibility for all members of the community across the provider types. As with Items 1 and 2, validation of the completion of this work plan activity is a copy of the meeting sign-in sheets. Additional validation can also be a copy of the meeting minutes. If the public health department has access to the minutes, they

can be submitted voluntarily as further confirmation of community engagement by the health department with their community partners.

*Compliance Requirements:*

1. The work plan item will need to be updated with the name of the attendee and the date attended.
2. The public health department will need to provide a copy of the meeting sign-in sheet with the quarter work plan update.
3. Additionally, the public health department can also provide KDHE Preparedness with a copy of the meeting minutes. This is a voluntary submission and not required. However Compliance may request the minutes should further supporting documentation be required to validate the completion of this work plan item.

**Item 4**

*Description of Task:*

By **June 30, 2019** a minimum of one Local Health Department staff member will take the FEMA online PIO Training: KS-TRAIN Course # 1030688 and provide proof of training.

*Notes:* 1. Upon completion, the public health department will submit proof of training or provide proof of KDEM training that was completed within the **last 5 years**. Other trainings will be reviewed on a case by case basis.

*Source:* FOA pg. 36-37

This work plan activity is structured to help enhance the preparedness picture across the state. This entails a standardised method of the sharing and coordinating of information across multiple platforms statewide. KDHE Preparedness has decided upon using the FEMA Public Information Officer (PIO) Course, KS-TRAIN course number 1030688 (IS-29) as the standard to have the identified representatives complete. This course is also known as IS-29- Public Information Officer Awareness Training and is a FEMA course.

*Compliance Requirements:*

1. The public health department will need to complete this course and then submit a copy FEMA course certificate to KDHE Preparedness no later than **June 30, 2019**.
2. In accordance to the requirement of work plan item **8J**, a copy (or copies) need to be maintained physically or electronically with the public health department for a period of no less than five (5) years.

**Item 5**

*Description of Task:*

By **March 30, 2019** a minimum of one Local Health Department staff member will participate in a KDHE webinar offering detailing proper use of social media in time of emergency. Date(s) to be determined.

*Notes:* 1. Dates to be provided by KDHE within the first quarter

*Source:* Capability 4: Emergency Public Information & Communication: FOA pg. 26-34

This work plan activity will further expand on the activity of Item 4. The details regarding the webinar as well as when it will be presented to all of the participating stakeholders once course content and dates have been finalized. Once the course information has been finalized and the course dates decided, the participating public health departments will be notified.

*Compliance Requirements:*

1. The public health department will need to present a copy of the course completion certificate to KDHE Preparedness no later than **March 30, 2019** in order to validate completion of this work plan activity.
2. Per item **8J**, a copy of the completed certificates need to be maintained at the participating facility for a period of no less than five (5) years. This copy needs to be maintained either physically or electronically on site.

### **Item 6**

*Description of Task:*

Participate in at least one annual exercise at the local or regional level as defined by the following:

*Budget Period:* BP 1 Supplemental *All exercises need to be completed by:* **04/30/2019**

**Capabilities required for BP 1 Supplemental Exercises**

- |                                    |  |
|------------------------------------|--|
| <b>A.</b> Capability 2: Function 1 | <b>B.</b> Capability 3: Functions 3 and 4            |
| <b>C.</b> Capability 4: Function 5 | <b>D.</b> Capability 10: Function 3 (Coalition Surge |

Test)

**Other Requirements**

- A.** Plans/procedures for assisting at-risk population must be tested in all exercises. At-risk population includes children, pregnant women, senior citizens, individuals with access and functional needs (including individuals with disabilities), and individuals with serious pre-existing behavioral health conditions.
- B.** Exercise activity should be aligned with the HSEEP process and KDEM approved HSEEP AAR/IP Template must be used. All other AAR/IP formats will not be accepted.

**AAR/IP Deadline**

AAR/IPs are due to KDHE Preparedness **within 90 days** of exercise completion or no later than **June 1, 2019**. Ensure that specific exercise role/responsibilities and improvement plan tasks are outlined for your individual health department. Each capability tested must outline at least one strength and one area for improvement.

- The AAR/IP must be submitted within **60 days** from the date of the exercise to the Regional Coordinator or Subject Matter Expert for review and within **90 days** to KDHE at [kdhe.preparedness@ks.gov](mailto:kdhe.preparedness@ks.gov).
- Once reviewed, the Regional Coordinator or Subject Matter Expert will return the AAR/IP to the respective local health department for edits, if necessary. The respective local health will submit the completed AAR/IP to KDHE at [kdhe.preparedness@ks.gov](mailto:kdhe.preparedness@ks.gov).
- PHEP and HCC sub-recipients must participate in a State-wide Joint Exercise in the 2020-2021 budget period. KDHE will provide planning information at a later date.

- Real events may be submitted for exercise credit towards the required capabilities for the budget period. The submitted AAR/IP **must be approved** by the KDHE Exercise Coordinator for credit to be awarded.
- One exercise or a combination of multiple exercises may be submitted by the due date to meet all the outlined capability requirements.

*Notes:* 1. Specific tasks within the required capabilities and functions are at the discretion of the local health department.

*Source:* *The identified capabilities from the FOA.*

Exercise information will remain largely unchanged for this budget period. There is still a requirement for the health departments to participate in at least one exercise during the budget period. The intent for the health departments is to progressively increase the participation level when developing and completing these exercises. The previous budget period saw a state-wide table exercise developed by KDEM which once adapted to the PHEP capabilities provided the departments with their approved exercise. During this budget period, the exercise should focus on the next level: conducting a functional exercise rather than another table top.

All exercises will be accepted, regardless of exercise type. HSEEP standard formatting must be used and will need to correctly exercise the appropriate capabilities that have been identified for this budget period in order to receive credit. The review by the PHEP Regional Coordinator and the receipt of the reviewers' checklist by KDHE Preparedness is also required.

By increasing the level of complication and involvement with the exercises, there is a greater opportunity to ensure that the preparedness processes that did work are maintained and the processes that did not work are changed through the identification of the gaps within the process. Only those exercises that become more and more faceted can properly identify what processes and procedures need to be changes, what training is still needed, and what processes need to be created in order to expand the health departments level of preparedness.

*Compliance requirements:*

1. All exercises, regardless of type, need to be completed on or before **April 30, 2019**.
2. All exercise AAR/IPs need to be submitted to KDHE Preparedness no later than **June 1, 2019**. This is to ensure that time is given to conduct a final review and remit back to the public health department if there are corrections or clarifications that need to be addressed.
3. The AAR/IP will need to be submitted on the KDEM approved HSEEP template in order to be credited. All other templates and formats will be rejected and returned to the originator with instructions on how to apply the information to the proper template.
4. The public health department will have **60 days** to complete the AAR/IP and submit it to the Regional PHEP Coordinator for review. The coordinator will review the document on the Exercise AAR/IP review checklist. The coordinator will then return the AAR/IP and checklist to the public health department for corrections or for submission to KDHE Preparedness. The coordinator will ensure the checklist is forwarded to KDHE Preparedness at that time.

5. The public health department will have an **additional 30 days** to make adjustments to the AAR/IP. A total of no more than **90 days** will be allowed for the AAR/IP process that starts the day of the exercise and ends to day the reviewed AAR/IP is submitted to KDHE Preparedness.

### **Item 7**

#### *Description of Task:*

Local health departments will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the BP1 Supplemental Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement.

*Notes:* 1. Reference the following instructions

*Source:* HPP-PM pg. 50-61 Joint Performance Measures

The purpose for this work plan activity is to provide the public health department with the information that the state's federal project officers or other federal agency may request additional information regarding a benchmark activity or additional performance measure information that may or may not be tied directly to the work plan but is related to the current FOA for BP1 Supplemental.

This activity also allows for KDHE Preparedness Compliance to request additional documentation regarding the programmatic or fiscal documentation accuracy. In these instances, Compliance will ensure that the request is justified and that the justifications is stated within the additional information request. These requests will not be made lightly: the information will be needed if Compliance needs to strengthen the provided documents for a work plan activity, clarify information that was previously submitted but may be in conflict with other reported information, or maybe needed to help develop trending regarding progress towards the completion of certain programmatic activities.

#### *Compliance requirements:*

1. The public health department will need to submit the requested information upon request by either KDHE Preparedness Compliance Coordinator or other KDHE Preparedness staff member. KDHE Preparedness will provide the reason for the request as well as a deadline for the information to be provided to KDHE Preparedness.
2. The public health department will need to report the dates this additional information was requested as part of the quarterly work plan updates if applicable.

### **Item 8**

#### *The local health department will continue to:*

- A. Keep information on KS-HAN up to date. (*Capability 6: Information Sharing*)
- B. Respond to KS-HAN drills. (*Capability 6: Information Sharing*)
- C. Assure 24/7 epidemiological contact information is kept current and is shared with KDHE Bureau of Epidemiology & Public Health Informatics at [kdhe.epihotline@ks.gov](mailto:kdhe.epihotline@ks.gov). (*Capability 13: Public Health Surveillance & Epidemiological Investigation*)



- D. Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b (or 800) classes per ICS training requirements. (*Capability 1: Community Preparedness; Capability 3: Emergency Operations Coordination*)
- E. Ensure that priority communication services are available in an emergency, including maintaining an always-on, high-speed internet connection (*Capability 3: Emergency Operations Coordination*)
- F. Have available signed shared resource agreements. (*Capability 1: Community Preparedness*)
- G. Maintain a website where information can be posted and accessed by members of the public. (*Capability 4: Emergency Public Information & Communication; Cross-Cutting*)
- H. Assure that annual fit testing for PPE (or PAPR annual training) for local health department staff is completed in compliance with the revised OSHA respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998. (*Capability 14: Responder Safety & Health*)
- I. Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at **least five years**. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year. (*Administrative*)
- J. Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for **at least 5 years**.
- K. Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials 2016, Course #1062513 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287]. (*Capability 12: Public Health Laboratory Testing*)
- L. Items purchased with Preparedness funds (non-office supplies) must be entered into CRMCS. The information entered has to include the location of the item and who the responsible contact person is for deployment.
- M. Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness. (*Administrative*)
- N. **Annually** review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a “No Update” letter to KDHE. (*Capability 8: Medical Countermeasure Dispensing & 9: Medical Materiel Management and Distribution*)
- O. **Annually** review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, submit a “No Update” letter to KDHE. (*Capability 2*)
- P. Update Point of Dispensing (POD) location(s) and other relevant POD information into Inventory Management and Tracking System (IMATS) by **March 30, 2019**. (*Capability 8: Medical Countermeasure Dispensing*)

*Notes:* 1. Reference the following instructions

*Source:* Various within the PHEP capabilities that are referenced after each task.

The work activities for Item 8 remain largely unchanged for this budget period. All of these activities represent annual “housekeeping” tasks that should be done during the budget period to either maintain a certification, calibration, or provide procedural changes that may have been implemented during the budget period. Many of these items may be cross-cutting or administrative in nature yet are still important for ensuring the local health department is prepared and that they keep the proper documentation on hand in case of audit by KDHE Preparedness or another outside authorized federal agency. It is recommended that these activities be completed at roughly the same time every budget period. There are few items to note:



1. **8G-** Some local health departments do not have dedicated IT staff that can help maintain the site. A county website in which the local health department is connected to and, if needed during an emergency, a county employee could put a message on the website for the health department then the requirement is met. If there is access to a county owned site or if there is a work around available to disseminate emergency messages, that is acceptable. A dedicated Facebook page or Twitter account with a distinctive handle is also acceptable.
2. **8K-** Please note, packaging and shipping training is required to be taken every 24 months. Federal regulations are updated and reflected in new courses. The CDC course number tends to be updated once per year. KDHE will communicate this new course number via the monthly statewide population health calls once it is known.
3. **8N-** For the Mass Dispensing SOG update, which also includes all appendixes or attachments. If there are no changes to submit, the local health department should send a “No Update” letter or an email to KDHE. “No Update” notifications as well as updated SOGs will be submitted via the [KDHE.preparedness@ks.gov](mailto:KDHE.preparedness@ks.gov) email.
4. **8O-** For the COOP SOG update, which also includes all appendixes or attachments. If there are no changes to submit, the local health department should send a “No Update” letter or email to KDHE. “No Update” notifications as well as updated SOGs will be submitted via [KDHE.preparedness@ks.gov](mailto:KDHE.preparedness@ks.gov) email.
5. **8P-** This will require the public health departments to report to [KDHE.preparedness@ks.gov](mailto:KDHE.preparedness@ks.gov) updates to the POD locations for this budget period. A template will be provided that outlines the information the SNS Manager will need for IMATS. It should be noted that as this new inventory management system becomes more and more operational, a representative of the public health department may be granted access to update their own specific inventory. As always, like the Mass Dispensing and the COOP SOGs, if there are no updates, then a letter stating that will need to be submitted on or before **March 30, 2019**.

*Compliance requirements:*

This work plan section will review whether or not the public health departments ensure that all annual activities are completed on or before than **June 30, 2019**. Additional requests may be made if the state’s federal project officers or other agencies as it relates to this cooperative agreement request it. Compliance will be asking to review the following work plan sub-items towards the end of fourth quarter of the budget period:

1. **8D-** Compliance will request all ICS certificates that were completed by a minimum of one (1) staff member during the current budget period.
2. **8E-** Compliance will query the public health department regarding email access. Requested information will include platform used (IE, Edge, or Chrome), functional availability, imposed access restrictions, and attachment size. Compliance will not be asking for IP addresses, account passwords, or account settings at anytime. The purpose is to gauge the email service access and attachment limitations across the state which may impact information sharing during a real life event vs. potential cybersecurity threats.

3. **8L-** Compliance will request the date and a copy of the last CRMCS inventory in order to confirm updates are occurring and to create a baseline inventory resource to reference at a future date.
4. **8P-** Compliance, with the assistance of the SNS Manager, will review the submitted POD information for deadline adherence, completeness, and accuracy. Correction or clarifications will be identified and addressed with the public health department.

## 2.2 Budget Period Benchmarks

At this time there are three benchmarks that must be completed during this budget period. Details regarding these activities can be found in the *Work Plan Overview* above. These benchmarks are:

**Item 4-** By **June 30, 2019** a minimum of one Local Health Department staff member will take the FEMA online PIO Training: KS-TRAIN Course # 1030688 and provide proof of training.

**Item 5-** By **March 30, 2019** a minimum of one Local Health Department staff member will participate in a KDHE webinar\* offering detailing proper use of social media in time of emergency.

**Item 6-** Participate in at least one annual exercise at the local or regional level. Exercise needs to be completed on or before **April 30, 2019**. Sub-awardees will have **60 days** after the exercise to provide an AAR/IP to their Regional PHEP Coordinator for review. Coordinators will then review and return the AAR/IPs to the sub-awardee and provide KDHE Preparedness with a completed review template. The sub-awardee will then have **30 days** to make revisions. If the exercise is completed inside the 90-day window of **June 1, 2019\*\***, sub-awardees must provide the final AAR/IP to KDHE Preparedness on or before **June 1, 2019**.

\*Dates to be announced, projected to be within the first quarter.

\*\*all exercises completed after April 1, 2019

## 2.3 Budget Period Deadlines

The listed deadlines for this budget period are limited to the following activities. For each work plan item's details and compliance requirements, please refer to the *Work Plan Overview*:

**Item 4 –** PIO certificates will need to be provided to KDHE Preparedness on or before **June 30, 2019**.

**Item 5 –** The validated completion of the social media webinar on or before **March 30, 2019**.

**Item 6 –** The deadlines for the annual exercise activities are the following dates:

1. All exercises completed on or before **April 30, 2019**.
2. The exercise AAR/IP is due to the Regional PHEP Coordinator no later than **60 days** after the completion of the exercise.
3. The reviewed AAR/IP is due to KDHE Preparedness, along with the Regional PHEP Coordinator's review, **30 days** after the completion of the review.
4. All exercise AAR/IPs need to be submitted to KDHE on or before **June 1, 2019**.

**Item 8P –** POD information updates:

1. The public health departments will be provided a template that will allow them to provide KDHE Preparedness with information regarding their POD locations to KDHE Preparedness no later than **March 31, 2019**.

2. If there is not a need to update the POD information that was submitted to KDHE Preparedness, a letter stating “*No update required*” to KDHE Preparedness no later than **March 31, 2019**.

### 3. *Summary*

This document will hopefully provide the contracted coordinators and the healthcare coalition member organizations the information needed to be successful during this budget period.

Communication is a key to any success venture and this guidance document has provided the needed information required to be compliant with the budget period 1 supplemental work plan activities.

A few keys points to remember are:

- *Time management*- a majority of the work plan activities have due dates that are required by the federal project officers to be kept. Missing a deadline could result in a punitive action being levied against the coalition.
- *Document retention*- all documents that are generated as part of the completion of these work plan activities are to be legitimate outcomes that can be requested for review or audit. It is important that these documents be maintained either in a hardcopy or digital form for no less than **5 years**, so they can be called upon to show compliance if needed.
- *Work plan instructions*- there is an increased burden of validation on KDHE Preparedness to ensure that the cooperative agreement funds is being spent to further preparedness. This also includes ensuring that the activities are completed per the directions of the FOA or its associated supplemental documents. In the case of one of the work plan activities, there is Kansas statute and related practices that must be strictly adhered to. The instructions are provided to keep the coalitions properly de-conflicted with the state law and still meet the intent of the FOA objective. **Questions regarding these stipulations need to be directed to KDHE Preparedness staff before anyone else** due to legality issues that might arise from violating Kansas statute.
- *Communication*- the member organization are encouraged to contact their coordinator or KDHE Preparedness if they are seeking clarification on an activity or an answer regarding procedure. All questions are welcome and will be answered accordingly. If there is a answer that can't be answered by KDHE Preparedness, the federal project officer will be queried. The Preparedness staff can't answer a question if it is not asked nor can they guess at what the questions might be.

As always, KDHE Preparedness stands ready to assist our sub-awardees and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

*The 2018-2019 KDHE Preparedness Team*

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*Table 5*

## Appendix A

### Guidance Document Glossary

***Affidavit of Expenditure (AOE)*** - a template that indicates the partner's intention to spend Grant funds and in what manner. These are usually followed up on with invoices to prove that the monies were spent.

***Awardee or Pass-Through Entity*** – is the eligible entity, in this case KDHE, that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this cooperative agreement as well as provides direction and monitors progress of the activity in its entirety.

***Budget Period (BP)*** - a 1-year period that goes from 1 July to 30 June. 5 budget periods typically make up one Project Period.

***Centers for Disease Control and Prevention (CDC)*** – the managing federal agency for the Public Health Emergency Preparedness Program (PHEP) which is part of the cooperative agreement.

***Compliance*** - compliance is an evaluation that assess an institution's business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners. ***Compliance is also the term used to describe KDHE's Preparedness Program's Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.***

***Compliance in Real Time (CRT)*** – is a real time monitoring feature of the *Preparedness Cooperative Agreement Compliance Program* (PCACP) which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement as defined by the work plan activity and the FOA.

***Compliance Audit***- a audit of the sub-awardee's adherence to the programmatic requirements of the work plan and fiscal accountability as defined by the HPP and PHEP Cooperative Agreement. Audits are conducted quarterly to determine that required programmatic progress is being met with due diligence. The audit can also be used as a wide-reaching overview of the sub-awardee's programmatic and fiscal accountability to a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

***Cooperative agreement*** - is an agreement in which the Federal Government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. Government and a recipient.

***Department of Health and Human Services (HHS)***- serves to enhance and protect the health and well-being of all Americans. This mission is fulfilled by providing effective health and human services and fostering advances in medicine, public health, and social services.

***External Partners***- any entity that accepts federal funding under the HPP and PHEP Cooperative Agreement and is charged with preparedness for a Healthcare Coalition organization, Local Public Health Department, or Public Health Region. These entities will be referred to as sub-awardees.

***Finding(s)*** - an identified or observed short-coming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the sub-awardee as a method of acknowledging (see *gap*) an existing problem or can be discovered by Compliance during the audit process.

***Funding Opportunity Announcement (FOA)*** - is a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a ***Notice of Funding Opportunity Announcement*** or ***NoFO***.

***Gap*** - a difference, especially an undesirable one, between two views or situations. These represent challenges to preparedness. Some gap examples are: a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. The creation of or change to policies and procedures are ways to overcome gaps.

***Hospital Preparedness Program (HPP)*** - This program provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

***Homeland Security Exercise and Evaluation Program (HSEEP)*** - provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

***Kansas Department of Health and Environment (KDHE)*** – is the Kansas agency that is the designated pass-through agency for the cooperative agreement. KDHE, as the awardee, is charged with executing and managing the requirements of the cooperative agreement for the state’s sub-awardees.

***Kansas Division of Emergency Management (KDEM)*** – is a division of the Kansas Adjutant General’s Office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

***Notice of Award (NoA)*** - is the legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated HHS payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period

***Notice of Funding Opportunity (NoFO)*** - is a notice in *Grants.gov* of a federal grant funding opportunity. Also known as a ***Funding Opportunity announcement*** or ***FOA***.

***Office of the Assistant Secretary for Preparedness and Response (ASPR)*** – is the lead for the nation’s medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR collaborates with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.

***Preparedness Cooperative Agreement Compliance Program (PCACP)*** - The evolution of the program formerly known as the *Grants Compliance Review Program* or GCRP. The name change reflects the shift of the preparedness funding being referred to as a “*cooperative agreement*” rather than a “*grant*”.

The designation change also marks the changes implemented for the new project period with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. **CRT** is the active part of PCACP.

**Project Period (PP)** - typically a five-year period of work plan covered by the requirements of a single FOA.

**Public Health Emergency Preparedness Program (PHEP)** - is funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

**Sub-awardee** – are non-Federal entities that expend Federal awards received from a pass-through entity to carry out a Federal program but does not include an individual that is a beneficiary of such a program.

**Work Period** - see **Budget Period**.

**Work Plan** - is an outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

**Work Plan Activity** – are the objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.



*Appendix B**References and Resources**From KDHE*

The Kansas Department of Health and Environment  
<http://www.kdheks.gov/>

KDHE Preparedness  
<http://www.kdheks.gov/cphp/index.htm>

KDHE Preparedness: HPP Resources  
[http://www.kdheks.gov/cphp/hospital\\_resources.htm](http://www.kdheks.gov/cphp/hospital_resources.htm)

KDHE Preparedness: Healthcare Coalitions  
<http://www.kdheks.gov/cphp/hcc.htm>

KDHE Preparedness: Standard Operating Guides (SOGs)  
[http://www.kdheks.gov/cphp/operating\\_guides.htm](http://www.kdheks.gov/cphp/operating_guides.htm)

KDHE Preparedness: HSEEP Exercise Template  
<http://www.kdhe-exercises.org/Operations-BasedExercises.htm>

KDHE Preparedness: Exercise Library  
<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

KDHE Preparedness: PCACP-CRT Quarterly Audit Tool  
<http://www.kdheks.gov/cphp/download/PCACPCRT-qtraudit-201722.pdf>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-PHEP  
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-PHEP.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-Regional PHEP  
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-PHEPR.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-HCC  
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-HCC.PDF>

KDHE Preparedness Performance Tracking and Annual Scorecard Template-CRI  
<http://www.kdheks.gov/cphp/download/2018-19-ProgrammaticTracker-CRI.PDF>

KDHE Approved HCC Response Plan Template  
[http://www.kdheks.gov/cphp/operating\\_guides.htm](http://www.kdheks.gov/cphp/operating_guides.htm)

KS-HAN: Everbridge Log on  
<https://manager.everbridge.net/login>



KS-TRAIN

<https://www.train.org/ks/home>

CRMCS Home page

<http://kansas.responders.us/>

### *From the Federal Partners*

Office of the Assistant Secretary for Preparedness and Response (ASPR)

<https://www.phe.gov/about/aspr/pages/default.aspx>

ASPR-TRACIE (Technical Resources Assistance Center Information Exchange)

<https://asprtracie.hhs.gov/>

2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701

(PDF)

[https://www.cdc.gov/phpr/readiness/00\\_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf](https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf)

2017-2022 Health Care Preparedness and Response Capabilities (PDF)

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

2017-2022 Hospital Preparedness Program: Performance Measures Implementation Guidance (PDF)

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hpp-pmi-guidance-2017.pdf>

Coalition Surge Test: An exercise for Assessing and Improving Health Care Coalition (PDF) Readiness

<https://www.phe.gov/Preparedness/planning/hpp/Documents/cst-manual-020717.pdf>

PHEP Performance Measures Specifications and Implementation Guidance (PDF)

[https://www.cdc.gov/phpr/readiness/00\\_docs/Final-PHEP-Fiscal-Year-2017-Funding\\_ac.pdf](https://www.cdc.gov/phpr/readiness/00_docs/Final-PHEP-Fiscal-Year-2017-Funding_ac.pdf)

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